

PTO/SB/22 (08-03)

Approved for use through 7/31/2008. OMB 0651-0031

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|   |                          |                                    |
|---|--------------------------|------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> |                          | Docket Number (Optional)<br>5019US |
| In re Application of Nicolette, Charles A.                  |                          |                                    |
| Application Number 09/812,238                               | Filed March 20, 2001     |                                    |
| For THERAPEUTIC ANTI-MELANOMA COMPOUNDS                     |                          |                                    |
| Art Unit 1854   | Examiner Andrew D. Kosar |                                    |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|   |          |
|---|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1074.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71


Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 37,315

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

|                  |  |
|------------------|--|
| July 27, 2004    |  |
| Date             | Signature  |
| 508-270-2598     | Deborah A. Dugan   |
| Telephone Number | Typed or printed name  |

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

*Fee Purpose only*

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the burden of this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09812238

**CLAIMS AS FILED - PART I**

|  | (Column 1)   | (Column 2)    |
|--|--------------|---------------|
| TOTAL CLAIMS   | 33           | 9             |
| FOR  | NUMBER FILED | NUMBER EXTRA  |
| TOTAL CHARGEABLE CLAIMS  | 96           | minus 20 = 76 |
| INDEPENDENT CLAIMS   | 24           | minus 3 = 21  |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> |              |               |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 11                               | Minus 96                           | = 0           |
| Independent   | 2                                | Minus 3                            | = 0           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  | Minus                              | =             |
| Independent   |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  | Minus                              | =             |
| Independent   |                                  | Minus                              | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18=    | 1368   |
| X80=      | 1680   |
| +270=     | 270    |
| TOTAL     | 4024   |

SMALL ENTITY

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X40=       |                |
| +135=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

OR OTHER THAN SMALL ENTITY

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X80=       |                |
| +270=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X40=       |                |
| +135=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X80=       |                |
| +270=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9=     |                |
| X40=       |                |
| +135=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |

| RATE       | ADDITIONAL FEE |
|------------|----------------|
| X\$18=     |                |
| X80=       |                |
| +270=      |                |
| TOTAL      |                |
| ADDIT. FEE |                |